

Introduction

The intent of this report is to draw attention to the problem of chronic conditions in Utah, and to point out possible directions to meet the challenge of caring for a growing population with disabling chronic conditions.

The Chronic Care Perspective

Chronic conditions are the major cause of illness, disability and death in Utah today. Despite broad public awareness of specific life-threatening diseases such as cancer and heart disease, most people are not aware that, collectively, chronic conditions account for three out of every four deaths in Utah.

In Utah, as well as elsewhere, advancing medical knowledge, including early detection of diseases and medical and surgical interventions, has extended the lives of people with disabling chronic conditions, and increased the number of survivors of traumatic injury and birth defects. At the same time, improvements in diet, sanitation, and medical care have significantly extended life expectancy. In addition, the “baby boom” generation, now entering its fifties, will soon swell the over 65 population to record levels, with a corresponding increase in the prevalence of chronic conditions.

Unfortunately, our health care and social service systems are not well organized to meet the needs of the growing numbers of have people who are elderly, have chronic conditions, or both. As a result, increasing numbers of people are at risk for deteriorating health; others find that the services they need do not exist; and, still others find that services they need are not accessible.

What is Chronic Care?

Chronic care is:

- C an array of integrated medical and non-medical services and supports taking place in a variety of settings to assist people with chronic conditions to live independent, full lives;
- C a continuum of care required over a period of time for people who either never acquired, or have lost functional abilities;
- C responsive to each individual’s capabilities and needs as personal health status related to chronic conditions improves, remains stable, or deteriorates;
- C an integrated care network of professionals, para-professionals, and informal care givers including family, friends, and community-level organizations.

Chronic care is different from acute care. Typically, acute care is delivered in high technology, intensive, institutional type settings such as hospitals. Acute care uses primarily medical care to fix or cure acute disease or injury. On the other hand, by definition, chronic conditions and impairments cannot be cured. Therefore, rather than cure, the main focus of chronic care is assistance and care delivered in a variety of settings.

Chronic care seeks to help individuals with chronic conditions to maintain independence and a high level of functioning. Chronic care includes medical care, both in response to an acute phase or complication of a chronic condition, and as part of medical management of a long-term

condition. In addition, chronic care also includes an often complex array of rehabilitative and supportive services such as inpatient and outpatient medical and nursing care, home health care, homemaker services, adult day care, nursing home care, help with activities of daily living such as dressing, bathing, and eating, rehabilitative therapies, residential and assisted living housing with supportive services, and respite care. Table 1 compares some typical characteristics of acute care and chronic care:

Table 1: Characteristics of Acute Care and Chronic Care

Characteristics of Care Type	Acute	Chronic
Goals of care*	Cure: Restore to previous level of functioning	Assistance and care: Maintain independent living, facilitate successful personal and social adjustment, minimize further deterioration of physical and mental health, and prevent acute exacerbations of chronic conditions
Providers of care	Specially trained health care and human services professionals in institutions set up for acute care purposes	Multiple caregiver sources and settings, often includes a network of relatives, friends, and community of services along with hospital, home health care, and social service professionals
Scope of care	Primarily medical care	Broad scope of social, community, and personal services, as well as medical and rehabilitative care
Quality of care	Significant government investment in outcome measures and quality of care standards for most hospital-based acute conditions	Relatively few measures to assess quality of care provided by home health agencies, community-based agencies, ambulatory clinics
Organizations involved in care	Typically occurs within one institution	Multiple organizations, requires organizational collaboration, may integrate primary care, acute care, and long-term care needs
Financing of direct medical costs for non-institutional care**	Private insurance finances about 45% of direct medical costs of acute conditions. Public sources finance about 20% of direct medical costs of acute conditions	Private insurance finances about 33% of direct medical costs of chronic conditions. Public sources finance more than 40% of direct medical costs of chronic conditions

* Goals of care for individuals where possible

** This analysis doesn't consider expenditures for institutional services, primarily nursing homes

Source: "Chronic Care in America: A 21st Century Challenge," The Robert Wood Johnson Foundation, August 1996